Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at http://about.jstor.org/participate-jstor/individuals/early-journal-content.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

Deaths per 100,000 of Population from Influenza and Pneumonia (All Forms) for Corresponding Weeks After the Beginning of the 1918 Epidemic, Compared for Large Cities. [1]

City.	Population.	Week preceding epidemic.	Week of epidemic.							
			First.	Second.	Third.	Fourth.	Fifth.	Sixth.	Seventh	Eighth.
Philadelphia	1,735,514	4.4	40.7	151.8	264.9	174.1	69.3	21.6	9.5	....
Baltimore	594,637	3.2	19.7	94.6	258.7	180.5	66.8	24.7	8.6	....
New Orleans	377,010	7.7	38.2	165.5	180.8	88.4	41.9	20.2	....	....
Washington	370,000	....	10.3	48.9	147.9	163.8	100.5	41.6	14.9	11.4
Nashville	118,136	4.2	109.2	163.4	107.6	45.7	44.9	12.7	....	....
Boston	767,813	6.0	34.5	101.0	158.4	133.9	76.7	16.4	17.9	9.9
San Francisco	471,023	4.0	27.6	117.2	156.6	87.9	42.0	....	....	....
Fall River	129,828	6.9	15.4	74.7	154.8	147.9	74.8	30.8	18.5	10.8
Richmond	158,702	2.5	25.8	82.6	111.5	80.7	44.7	17.6	14.5	....
Lowell	114,366	7.0	28.0	81.3	123.3	101.4	73.4	26.2	7.0	7.0
Cambridge	114,293	3.5	91.9	122.5	100.6	55.1	18.4	16.6	4.4	7.9
New Haven	152,275	1.3	9.9	23.6	50.6	99.8	120.2	110.3	53.8	31.5
Memphis	151,877	....	52.6	119.8	109.4	46.7	19.1	11.2	....	....
Dayton	128,939	3.9	24.1	103.9	106.3	89.2	51.9	16.3	....	....
Oakland	205,405	1.5	8.7	20.7	66.8	114.7	73.0	26.6	....	....
Cleveland	692,259	5.8	24.3	65.4	98.5	75.7	59.7	....	....	....
Chicago	2,547,201	3.6	16.4	41.2	82.7	92.9	57.7	28.9	15.3	....
New York	5,737,492	3.3	12.8	37.0	73.9	90.8	76.8	30.7	18.3	....
Omaha	177,777	3.9	38.2	90.0	82.7	52.8	65.9	27.0	....	....
Rochester	264,714	2.3	13.6	38.6	80.0	79.0	39.3	17.4	....	....
Louisville	240,808	5.8	38.2	74.8	75.2	28.7	24.1	19.0	....	....
Birmingham	189,716	2.6	9.0	32.2	58.0	70.1	44.8	24.2	24.2	....
Kansas City	305,816	3.3	12.1	31.4	55.0	63.1	64.4	45.1	25.1	....
Denver	268,439	7.1	22.0	51.8	54.8	40.2	37.6	25.3	....	....
Columbus	220,135	4.5	12.7	33.2	53.1	42.7	22.7	16.4	....	....
Atlanta	196,144	3.6	15.3	41.3	51.5	23.0	17.3	16.3	....	....
Indianapolis	283,622	3.5	8.5	16.2	45.1	40.6	29.6	20.4	....	....
Milwaukee	445,008	3.4	15.5	25.4	39.3	28.1	21.3	15.7	....	....
St. Louis	768,630	....	11.2	20.3	30.3	33.5	29.8	29.7	....	....

---

[1] As reported to the United States Public Health Service and checked with figures published by the Bureau of the Census.

EPIDEMIC INFLUENZA AMONG AMERICAN SOLDIERS ABROAD.

Students of the present epidemic of influenza will undoubtedly be interested in the following account of influenza among the troops of the American Expeditionary Forces. This is reproduced from Weekly Bulletin No. 28, issued by the office of the chief surgeon, American Expeditionary Forces, October 21, 1918.

Influenza, Pneumonia, Meningitis.

"During the past two months a second wave of severe influenza infection has swept over France and has spread to all the countries of Europe in about equal force. In the United States the onset of the epidemic was, as is usually the case with pandemics of influenza, about three weeks later than in London and Paris. The first and rather benign phase of the infection, it will be remembered, began in the middle of April and had largely disappeared in the American Expeditionary Forces by the end of July. The second phase, which has not yet reached its maximum incidence, has been characterized by a much higher percentage of initially severe cases and particularly of pulmonary complications. Coming at the time of the rainy and changeable weather, this new invasion of infectious colds and coughs has been accompanied by a constantly increasing number of pneumonias. New replacement draft detachments arriving with each convoy have added the heaviest percentage of infected men per strength and have shown the highest percentage of complicating pneumonia. It has been a usual observation that when infections of the upper respiratory tract prevail, the incidence of meningitis in the community increases soon after, and this rule prevails at present. An increasing severity of the pneumonia is commonly found when the disease is permitted to pass rapidly through successive hosts.

Week ending.	Cases.					Per cent of deaths among pneumonias.
	Influenza.	Acute bronchitis.	Broncho-pneumonia.	Lobular pneumonia.	Meningitis.	
Sept. 13	3,066	495	78	401	21	14.5
Sept. 20	4,279	476	101	376	18	29.3
Sept. 27	3,921	524	154	427	47	31.9
Oct. 4	9,285	988	364	671	88	34.9
Oct. 11	5,794	890	194	401	134	45.3

"It is known that not less than 200,000 cases of influenza were reported during the past week among the troops in the camps in the United States. It has been officially reported that 80 to 90 per cent of the mobilized army of Switzerland was affected soon after the introduction of the infection by prisoners exchanged through Switzerland from Germany. From official information from Portugal it appears that the influenza infection is no less severe there than in the American Expeditionary Forces, and the pneumonia is of as fatal a type.

"The influenza and pneumonia now prevalent among French civil and military population is at least as severe as in the troops of the American Expeditionary Forces. The areas of heaviest infection of influenza, pneumonia, and meningitis in the American Expeditionary Force are the base ports, the depot divisions, and such training areas in both S. O. S. and advance zones as have received replacements or new organizations still including men exposed to the massive infection which has prevailed on the transports and on troop trains.

"Substantial relief is to be expected soon from the frequently recurring infections introduced through base ports by incoming troops by the following improvements:

"(*a*) Careful exclusion of men with colds, coughs, and fever from transports at ports of embarkation.

"(*b*) Equipment of all troops prior to embarking with three blankets, an overcoat, and winter-weight woolen underclothing.

"(*c*) Reduction of troops carried on transports to 80 per cent of berth capacity.

"(*d*) Increase of hospitalization capacity on transports to 4 per cent of troops.

"(*e*) Shelter ready and standing for troops on arrival at base ports, with provision for permanent kitchen and mess service for arriving troops.

"(*f*) Period of not less than four days, with no heavy duty, on debarking.

"(*g*) Medical supervision of troops on troop trains.

"(*h*) Gradual hardening and acclimatization process at depot divisions, with isolation, so far as practicable, of new arrivals from earlier arrivals or permanent troops until infection has been eliminated.

"(*i*) Increase in the floor space per capita to be provided, wherever practicable, up to 40 square feet per man.

"(*j*) Separation of adjacent bunks by permanent board or shelter half partitions.

"It will take continued concerted effort by all medical officers in the application of all measures of local sanitation and supervision of the personal hygiene of the men to avoid further extension of influenza with its complicating pneumonias and often coincident meningitis. Men's bodies must be kept warm. Their clothing must be dried at least once a day.

"Sufficient blankets and drying rooms accessible to everyone, especially in the regions immediately back of the fighting front, are indispensable for prevention of pneumonia. In the S. O. S. and in areas occupied by troops in training or reserve the problem is largely one of personal contact and crowding; among the troops at the front it is a question of fatigue and exposure; determination to remedy both will go far to save lives.

"A report from the First Army Corps indicates that pneumonia is not epidemic though prevalent there; that the influenza bacillus and the pneumococcus are the usual infecting bacteria; that incomplete clothing equipment and sleeping in cold and wet are the chief contributing causes."

Special interest attaches to the statement concerning the mild epidemic of influenza in the American Expeditionary Force preceding the severe epidemic now in progress. To many who have followed the course of events this will be a reminder of the mild griplike disease which prevailed in a number of cities in this country last winter. Is it possible that there was a direct relation between these outbreaks? It would be interesting to have available accurate information regarding the prevalence of a griplike infection in various parts of the United States last winter and to see what effect, if any, this had apparently exerted on the course of the severe influenza epidemic just passing. It will be noted that in the American Expeditionary Force "the heaviest percentage of infected men per strength and the highest percentage of complicating pneumonias" occurred among new replacement draft detachments. Is it possible that the other men possessed a certain degree of immunity because of the earlier mild outbreak?

Disabling Sickness Among the Population of Seven Cotton Mill Villages of South Carolina in Relation to Family Income.

By EDGAR SYDENSTRICKER, Public Health Statistician; G. A WHEELER, Assistant Surgeon; and JOSEPH GOLDBERGER, Surgeon, United States Public Health Service.

I. Introduction.

In connection with the study of the relation of dietary, economic, and other conditions to pellagra incidence in seven cotton-mill villages of South Carolina in 1916,[1] a census of disabling sickness among the population was made during May and June, 1916. Statements were also obtained by the enumerators as to the number of days lost from work by wage-earning persons on account of disability and from other causes during the period from January 1, 1916, to the date of inquiry.

These data have been correlated with certain facts concerning the economic status of mill workers' families as ascertained by the same study, and the results are presented in the following pages.

The study covered 747 households, which, at the date of the census, were composed of 4,161 individuals. Only households of white cotton-mill workers (operatives) were included. The villages are situated in the northwestern part of South Carolina. Each had a population of between 500 and 800 persons, and each constituted a separate and distinct industrial community in which practically the only opportunity for employment was in the cotton mill. The villages may be regarded as generally typical of cotton-mill communities in that section of South Carolina, from the standpoints both of community conditions affecting health and of the economic status of the population. While the morbidity experience afforded by this study is not extensive and caution should be exercised in drawing broad conclusions, the data are presented for the reason that the results seem definite enough to be suggestive of the value of considering differences in family income along with other conditions, in analyzing differences in disability incidence.

The bases and method of the census and of the classification of the population according to family income are first briefly explained. The tabulations then follow.

---

[1] Goldberger, J., Wheeler, G. A., and Sydenstricker, E.: A study of the Diet of Nonpellagrous and of Pellagrous Households in Textile Mill Communities in 1916. Journal American Medical Association, Sept. 21, 1918 (71:944-949).